

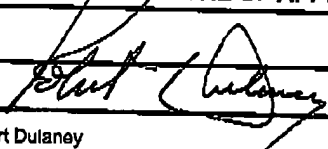
NOV 24 2004

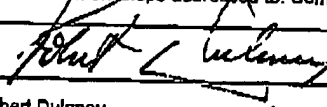
PTO/SB/21 (09-04)

Approved for use through 07/31/2008. OMB 0661-0031  
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	10/608,885	
	Filing Date	June 27, 2003	
	First Named Inventor	Robert Keane	
	Art Unit	2624	
	Examiner Name	Gabriel Garcia	
Total Number of Pages in This Submission	16	Attorney Docket Number	MPJ-D1

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT		
Firm Name		
Signature		
Printed name	Robert Dulaney	
Date	November 24, 2004	Reg. No. 28071

CERTIFICATE OF TRANSMISSION/MAILING	
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:	
Signature	
Typed or printed name	Robert Dulaney
Date	November 24, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (11-04)  
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Effective on 10/01/2004, Patent fees are subject to annual revision.

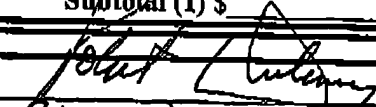
## FEE TRANSMITTAL For FY 2005

☒ Applicant claims small entity status. See 37 CFR 1.27

<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>477</b>	<b>Complete If Known</b> Application Number <b>10/608,885</b> Filing Date <b>June 27, 2003</b> First Named Inventor <b>Robert Keane</b> Examiner Name <b>Gabriel Garcia</b> Art Unit <b>2624</b> Attorney Docket No. <b>MPJ-D1</b>
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<b>METHOD OF PAYMENT</b> (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> Deposit Account <input type="checkbox"/> None Deposit Account Number <b>502765</b> Deposit Account Name <b>VistaPrint USA</b> The Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.18 and 1.17 <input type="checkbox"/> Credit any overpayments to the above-identified deposit account. <input type="checkbox"/> Other (please identify): <b>WARNING:</b> Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.	<b>FEE CALCULATION</b> (continued) <b>2. EXTRA CLAIM FEES</b> <table border="1" style="width: 100%;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th></tr></thead><tbody><tr><td>Each claim over 20</td><td>18</td><td>9</td></tr><tr><td>Each independent claim over 3</td><td>88</td><td>44</td></tr><tr><td>Multiple dependent claims</td><td>300</td><td>150</td></tr><tr><td>For Reissues, each claim over 20 and more than in the original patent</td><td>18</td><td>9</td></tr><tr><td>For Reissues, each independent claim more than in the original patent</td><td>88</td><td>44</td></tr><tr><td><b>Total Claims</b></td><td><b>73</b></td><td><b>33</b></td></tr><tr><td colspan="3"><b>Extra Claims Fee (\$)</b> <b>9</b> <b>Fee Paid (\$)</b> <b>477</b></td></tr><tr><td colspan="3">HP = highest number of total claims paid for, if greater than 20</td></tr><tr><td><b>Indep. Claims</b></td><td><b>3</b></td><td><b>0</b></td></tr><tr><td colspan="3"><b>Indep. Claims Fee (\$)</b> <b>0</b> <b>Fee Paid (\$)</b></td></tr><tr><td colspan="3">HP = highest number of independent claims paid for, if greater than 3</td></tr><tr><td><b>Multiple Dependent Claims</b></td><td></td><td></td></tr><tr><td colspan="3"><b>Multiple Dependent Claims Fee (\$)</b> <b>Fee Paid (\$)</b></td></tr><tr><td colspan="3"><b>Subtotal (2) \$ 477</b></td></tr></tbody></table> <b>3. OTHER FEES</b> <table border="1" style="width: 100%;"><thead><tr><th>Fee Description</th><th>Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Paid (\$)</th></tr></thead><tbody><tr><td>1-month extension of time</td><td>110</td><td>55</td><td></td></tr><tr><td>2-month extension of time</td><td>430</td><td>215</td><td></td></tr><tr><td>3-month extension of time</td><td>980</td><td>490</td><td></td></tr><tr><td>4-month extension of time</td><td>1,530</td><td>765</td><td></td></tr><tr><td>5-month extension of time</td><td>2,080</td><td>1,040</td><td></td></tr><tr><td>Information disclosure stmt. fee</td><td>180</td><td>180</td><td></td></tr><tr><td>37 CFR 1.17(q) processing fee</td><td>50</td><td>50</td><td></td></tr><tr><td>Non-English specification</td><td>130</td><td>130</td><td></td></tr><tr><td>Notice of Appeal</td><td>340</td><td>170</td><td></td></tr><tr><td>Filing a brief in support of appeal</td><td>340</td><td>170</td><td></td></tr><tr><td>Request for oral hearing</td><td>300</td><td>150</td><td></td></tr><tr><td>Other:</td><td></td><td></td><td></td></tr><tr><td colspan="4"><b>Subtotal (3) \$</b></td></tr></tbody></table>	Fee Description	Fee (\$)	Small Entity Fee (\$)	Each claim over 20	18	9	Each independent claim over 3	88	44	Multiple dependent claims	300	150	For Reissues, each claim over 20 and more than in the original patent	18	9	For Reissues, each independent claim more than in the original patent	88	44	<b>Total Claims</b>	<b>73</b>	<b>33</b>	<b>Extra Claims Fee (\$)</b> <b>9</b> <b>Fee Paid (\$)</b> <b>477</b>			HP = highest number of total claims paid for, if greater than 20			<b>Indep. Claims</b>	<b>3</b>	<b>0</b>	<b>Indep. Claims Fee (\$)</b> <b>0</b> <b>Fee Paid (\$)</b>			HP = highest number of independent claims paid for, if greater than 3			<b>Multiple Dependent Claims</b>			<b>Multiple Dependent Claims Fee (\$)</b> <b>Fee Paid (\$)</b>			<b>Subtotal (2) \$ 477</b>			Fee Description	Fee (\$)	Small Entity Fee (\$)	Fee Paid (\$)	1-month extension of time	110	55		2-month extension of time	430	215		3-month extension of time	980	490		4-month extension of time	1,530	765		5-month extension of time	2,080	1,040		Information disclosure stmt. fee	180	180		37 CFR 1.17(q) processing fee	50	50		Non-English specification	130	130		Notice of Appeal	340	170		Filing a brief in support of appeal	340	170		Request for oral hearing	300	150		Other:				<b>Subtotal (3) \$</b>			
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Reissue Filing Fee	790	395																											
Provisional Filing Fee	160	80																											
<b>Subtotal (1) \$</b>																													

<b>SUBMITTER BY</b>	
Signature 	Registration No. <b>28071</b>
Name (Print/Type) <b>Robert Dulaney</b>	Telephone <b>781 547 6360</b>
Date <b>November 24, 2004</b>	

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
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Appl. No.:	10/608,885	Confirmation No. 7851
Applicant:	Robert Keane, et al	
Filed:	June 27, 2003	
Art Unit:	2624	Docket No.: MPJ-D1
Examiner:	Gabriel I. Garcia	Customer No. 37420

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT**

Sir:

A Response to the non-final Office Action of September 9, 2004 was filed on October 15, 2004. In that Response, no claims were amended or cancelled and no new claims were added. As of the transmission date of this Amendment, the Examiner has not acted on the Response. This Amendment is submitted for the purpose of presenting additional new claims 16-73 for consideration.

Please amend the above-identified application as indicated below:

Amendments to the Claims are reflected in the listing of claims, which begins on page 2 of this paper. This listing of claims will replace all prior versions and listings of claims in the application:

Remarks begin on page 13 of this paper.

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**CERTIFICATE OF FACSIMILE TRANSMISSION**  
UNDER 37 CFR §1.8 and §1.8(d)

I hereby certify that this correspondence is being facsimile transmitted to the U.S. Patent and Trademark Office on November 24, 2004.

  
Robert Dulaney